Image# 12961240349 PAGE 1 / 1

48 HOUR NOTICE OF CONTRIBUTIONS/LOANS RECEIVED

(See Reverse Side for Instructions)

To be used to report all contributions (including loans) of \$1000 or more, received within 20 days of the election.

| NAME OF COMMITTEE IN FULL Lynn Jenkins For Congress | | |] | |
|---|---|-----------------|--|--------|
| ADDRESS (number and street) PO Box 1441 | | | - | |
| CITY, STATE, and ZIP CODE | | | _ | |
| Topeka | | 01-1441 | | |
| 2. NAME OF CANDIDATE Lynn Jenkins | 3. OFFICE SOUGHT (State and District) House KS 02 | | 4. FEC IDENTIFICATION NUMBER C00433730 | |
| 5. ISTHIS AN AMENDMENT? NO, THIS IS A NEW FILING | YES, IT AMENDS THE | NOTICE FILED ON | / | |
| A. FULL NAME, MAILING ADDRESS AND ZIP CODE | Name of Employer | | Date (month, | Amount |
| Barbara Harris | Children's Mercy Hospital | | day, year) | 2500 |
| 3815 W 84th Terrace | | | 11/02/2012 | 2300 |
| | Transaction ID : 10639000 | | | |
| Prairie Village KS 66206-1346 | Occupation Nurse | | | |
| B. FULL NAME, MAILING ADDRESS AND ZIP CODE | Name of Employer | | Date (month, day, year) | Amount |
| | Occupation | | _ | |
| C. FULL NAME, MAILING ADDRESS AND ZIP CODE | Name of Employer Occupation | | Date (month, day, year) | Amount |
| | | | | |
| D. FULL NAME, MAILING ADDRESS AND ZIP CODE | Name of Employer Occupation | | Date (month, day, year) | Amount |
| | | | | |
| E. FULL NAME, MAILING ADDRESS AND ZIP CODE | Name of Employer Occupation | | Date (month, day, year) | Amount |
| | | | | |
| SIGNATURE (optional) Kurt Bossert | [Electronically Filed] | | For further information contact: Federal Election Commission 999 E Street, NW, Washington, DC 20463 Toll Free 800-424-9530, Local 202-694-1100 | |

Any information copied from reports and statements filed under the Federal Election Campaign Act may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes other than using the name and address of any political committee to solicit contributions from such committee.

